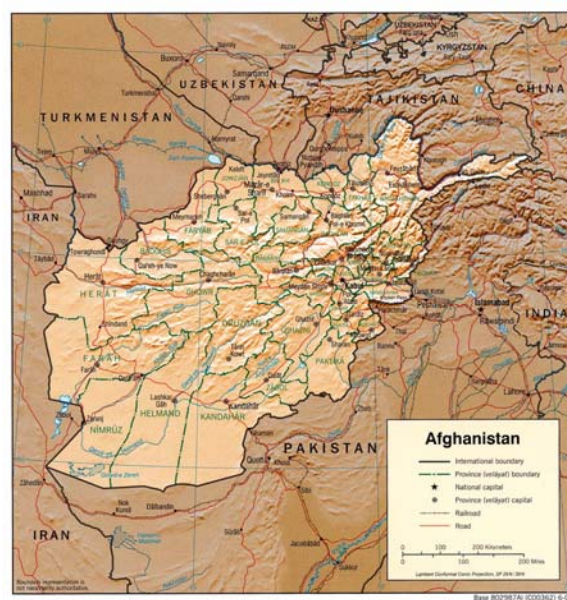




Providing Mental Health, Substance Abuse, and Co- Occurring Disorders Services for Returning Veterans and Their Families



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All of America's veterans have placed the nation's security before their own lives. Their sacrifice creates a debt that America can never fully repay. Yet, there are certain things that government can do; my administration remains firmly committed to serving America's veterans.

November 11, 2005

President George W. Bush



Michael O. Leavitt
Secretary of the U.S.
Department of Health and
Human Services

President Bush and I believe that America's best days are still before her. We are confident that we can continue to help Americans become healthier and more hopeful, live longer and better lives.

March 8, 2006



Charles G. Curie, M.A., A.C.S.W.

Administrator

Substance Abuse and Mental Health Services

Administration

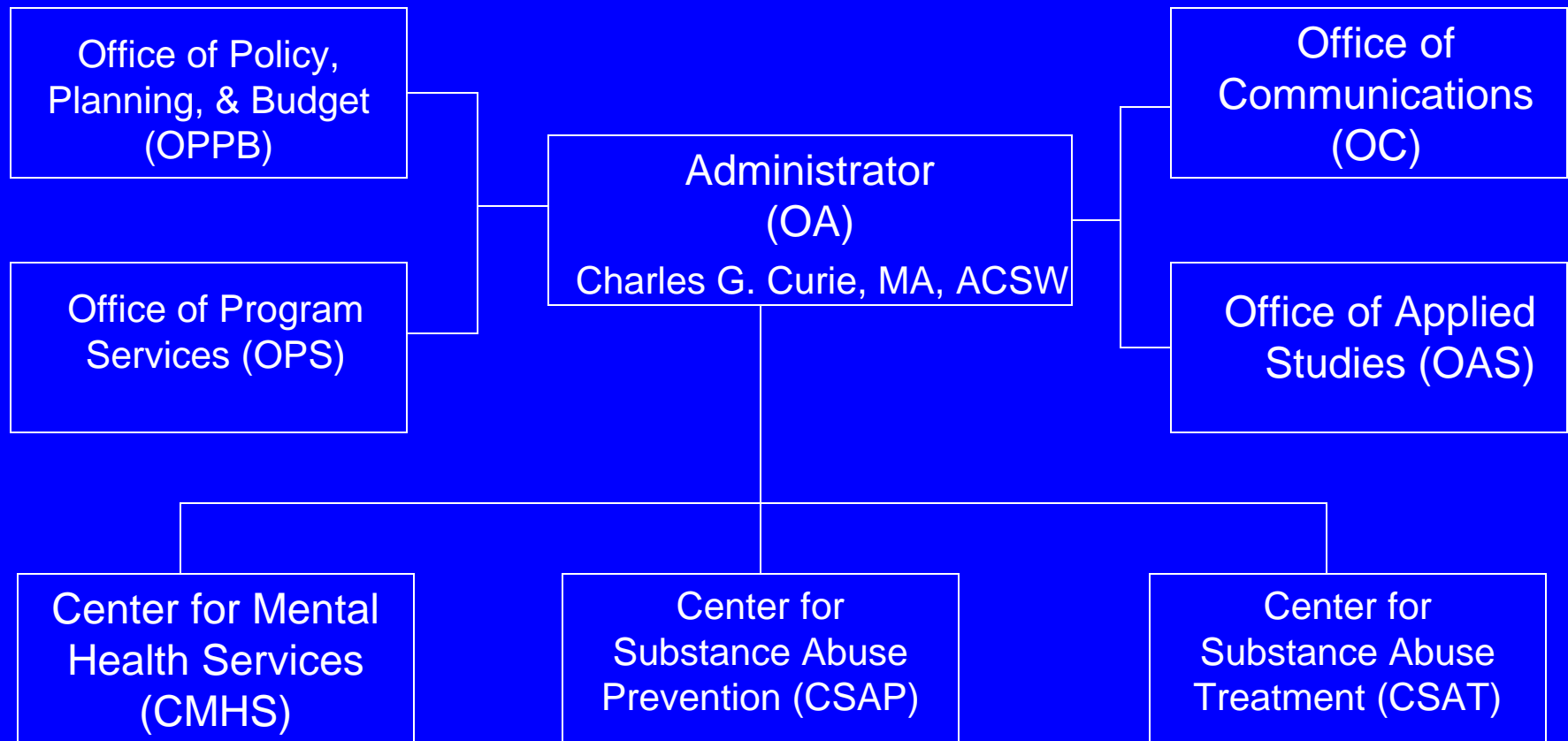
*“People of all ages,
with or at risk for
mental or substance
use disorders, should
have the opportunity of
a fulfilling life that
includes a job, a home
and meaningful
relationships with
family and friends.”*

December, 2004

An Introduction to the Substance Abuse and Mental Health Services Administration (SAMHSA)

- One of the eleven grant making agencies of the U.S. Department of Health and Human Services, with a budget of approximately 3 billion dollars.

Substance Abuse & Mental Health Services Administration (SAMHSA)



Organization Chart

The Center for Mental Health Services (CMHS)

Mission:

- To ensure access and availability of quality mental health services to improve the lives of all adults and children in this Nation.

The Center for Substance Abuse Prevention (CSAP)

Mission:

- To decrease substance use and abuse by bringing effective substance abuse prevention to every community

The Center for Substance Abuse Treatment (CSAT)

Mission:

- To improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment that reduces the health and social costs to our communities and the Nation

SAMHSA'S Vision & Mission

- **Vision** - A life in the community for everyone
- **Mission** - Building resiliency and facilitating recovery

Why Are We Here?

- Veterans
 - Discharged Non-Retired Uniform Service Members
 - Retired Uniform Service Members
- Active Duty
- Reservist
- National Guard
- Family Members



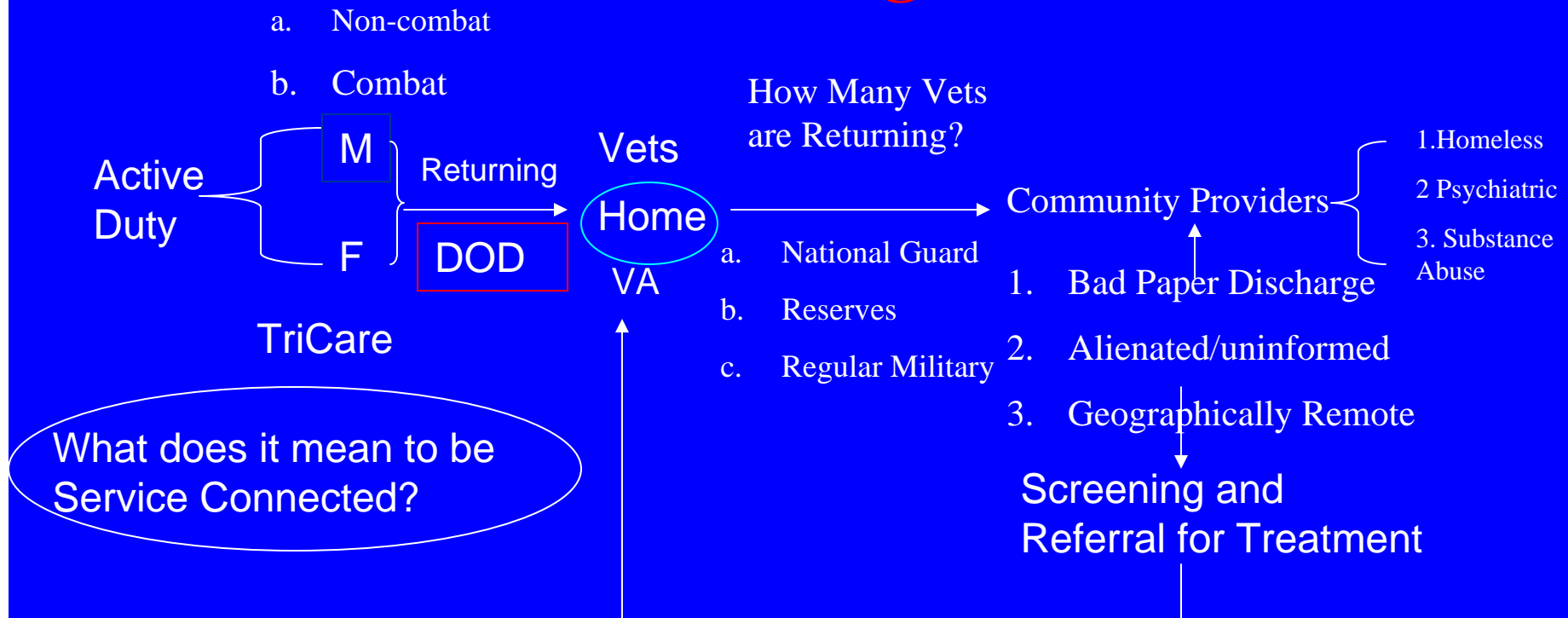
The Mental Health & Substance Use Disorder Safety Net

- The Department of Defense and the Department of Veterans Affairs are the primary providers of mental health and substance use disorder care for returning service men and women, and for veterans
- Not all veterans will present for care at DOD or DVA related facilities. Community providers can support the safety net by screening and referring to appropriate DOD or DVA facilities or by providing military service informed care

The Mental Health & Substance Use Disorder Safety Net

- Family members of active duty service people or veterans may be seen by community service providers.

A Returning Vets Care



Rules of Engagement

1. Who is Entitled to What?
2. Who is Eligible for TriCare?
3. Who is Eligible for VA care?

Rules of Provider Eligibility

1. TriCare
2. VA (Fee Basis)

Volume of Demand

Now: Low Volume

At War's End: Higher Volume

Which Vets will the Community Provider See?

- Vets in areas where there are no VAs
 - Fee Basis Care
- Vets who are alienated from government programs (i.e., the VA)
- Vets who are not eligible for VA services
- Vets who are not service connected and who choose not to pay for VA services
- Vets who have alternative insurance and who choose to use a community provider
- Vets (or active duty service members) who fear the stigma of being seen for mental health or substance use disorders

Transitions from Combat Duty to Non-Combat Duty or to Civilian Life

- The majority of veterans returning to civilian life will not have serious mental health or substance use disorder problems.
 - However, most veterans could benefit from community support as they transition from military life back into civilian life.
 - Thus, community providers, such as community coalitions, faith-based organizations and civic groups can play a supportive role for returning veterans and their families.

After the Confetti Falls, Then What?

Challenges faced by Veterans returning home and their readjustment to society

During their time in war, soldiers may dream of returning home to their civilian life but when they return, they often find that many things are not as ideal as they imagined

Upon returning home some soldiers can have problems with:

- marital relationships, money, raising children,
- PTSD

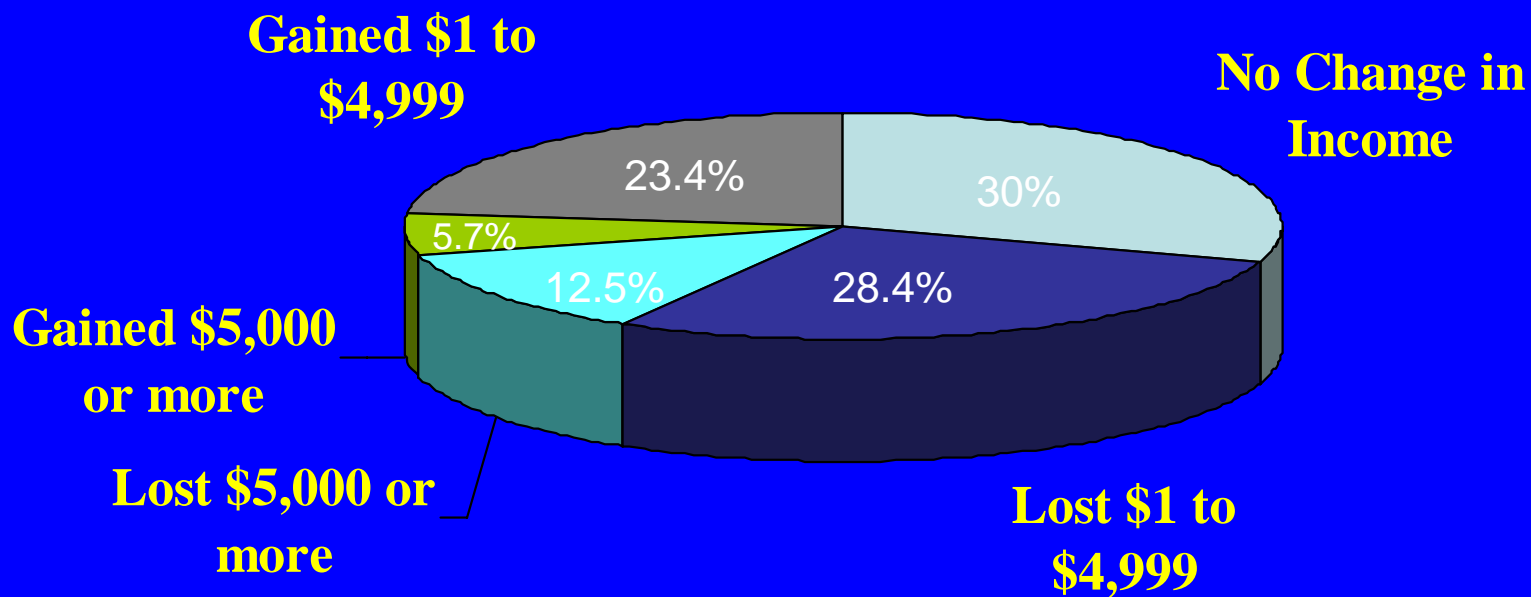
Returning Veterans Readjustment Issues

- Finding work and a place to live
- Feeling alienated from family and friends due to long periods of separation from them
- Annoyed at civilian complaints that they want Veterans to “move on with life” even when that is difficult for the Veteran to manage when remembering comrades who died

Returning Veterans Readjustment Issues

- Strained marriages due to living apart for long periods of time and difficulty to getting back to normal routine of life.
- Children estranged from fathers or mothers
- Feeling alone-or becoming socially withdrawn
- The role of women in modern conflicts will produce a different spectrum of presenting issues

Estimated Income Loss for National Guard Members and Reservists Called to Active Duty



Christian Science Monitor, February 8, 2005

Trauma

- An event that involves actual or threatened death or serious injury or threat to one's physical integrity
- Directly experienced, witnessed or learned about events

Traumatic Events Experienced Directly

- Military combat
- Being kidnapped
- Being taken hostage
- Terrorist attack
- Torture
- Concentration camp internee
- Prisoner of War



Traumatic Events Experienced Directly

- Natural or manmade disaster
- Severe auto accidents
- Life threatening illness
- Violent personal assault
 - Sexual Assault
 - Physical Attack
 - Robbery
 - Mugging

Traumatic Events Witnessed

- Violent assault
- Accident
- War
- Disaster
- Unexpected witnessing of a dead body or remains

Traumatic Events Experienced or Learned About - *Family Member or Close Friend*

- Violent personal assault
- Serious accident
- Serious injury experienced
- Sudden, unexpected death
- One's child has a life-threatening disease

Post Traumatic Stress Disorder (PTSD)

- Post Traumatic Stress Disorder is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape.
- It has both biological and psychological symptoms complicated by the fact that it can co-occur with related disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health.
(NCPTSD,2006)

Veterans and PTSD

- Patients with severe PTSD increased 42 percent from 1998 to 2003
- Veterans who are service-connected for PTSD use VA mental health services at a rate at least 50 percent higher than other mental health user groups

Questions Must be asked

- Providers must recognize the effects of Trauma on individuals
- Subsequent trauma can trigger PTSD symptoms

Substance Abuse and Veterans

- In 2000, according to the NSDUH, 324,000 VA patients had substance abuse diagnoses and 2 million reported using illicit drugs.
- More than 55,000 veterans were admitted into addiction treatment facilities in 2000.
 - “numerous studies show that the rate of alcohol and other drug use disorders are high among veterans within the VHA health care system.” (Institute for Research, Education, and Training in Addictions, 2004)

Substance Abuse and Veterans

- Alcohol is the primary substance of abuse among veterans
- Heroin and Cocaine also abused

Mental Health and Co-Occurring Illness Among Veterans

- In 2002 and 2003, 340,000 male veterans had co-occurring serious mental illness (NSDUH, 2004)
- According to NSDUH, younger male veterans are more likely to have co-occurring serious mental illness and substance use disorder than older male veterans (2004)
- Male veterans aged 18 to 25 are more likely than males veterans aged 26-54 to have had co-occurring illness and substance abuse disorder. (NSDUH, 2004)

Comorbidity and Suicide

The health conditions most consistently associated with suicide are mental illness, substance use disorders, and alcohol use disorders affecting up to 90% of all people who die by suicide

Suicide and Veterans

There is a correlation between suicide and PTSD.

- Anxiety Disorders including PTSD are associated with 20% of suicides (Allgulander, 2000)
- PTSD predicts subsequent first onset of suicide attempt w/ an odds ratio of 6, as compared to other anxiety disorders with an odds ratio of 3

Suicide and Veterans

- Some factors associated with suicide risks of veterans include:
 - Male gender
 - Alcohol abuse
 - Family history of suicide
 - Older age
 - Poor social-environment support (homelessness and unmarried status)
 - Possession of firearms
 - The presence of medical and psychiatric conditions (including combat-related PTSD) associated with suicide

Substance Use Disorders and Mental Health Problems Among Veterans

- Among homeless veterans, 1/3 to 1/2 have co-occurring mental illnesses and substance use disorders.
- Among detainees with mental illnesses, 72% also have a co-occurring substance use disorder.

Homeless Programs—Key Issues

- Maintaining mental health and substance use disorder services for homeless people as a priority.
- Availability of Appropriate Housing Options
- Integrating Prevention
 - e.g., for returning veterans
- Focus on Performance Measurements and Outcomes

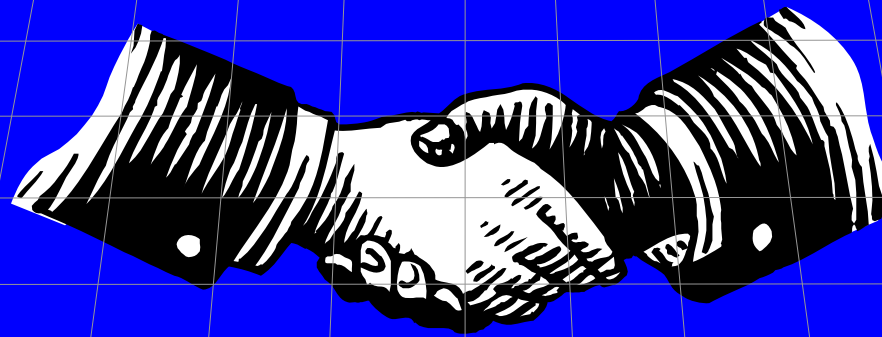
New Directions, Inc Grantee

- New Directions North is a residential rehabilitative center for providing integrated treatment services to veterans in Los Angeles county who are homeless and suffering from co-occurring mental illness and chronic substance abuse disorders
- Part of SAMHSA/CSAT-CMHS, Treatment for Homeless Program

Robert Wood Johnson Medical School Grantee

- Program for veterans with co-occurring addiction and mental illness to implement a comprehensive substance abuse and mental health service system for homeless veterans with a DSM-IV diagnosis of substance abuse or dependence and a mental health diagnosis of depression, anxiety, PTSD, and/or a Personality Disorder
- Part of SAMHSA/CSAT-CMHS, Treatment for Homeless Program

The Safety Net of Support: “No Wrong Door Policy”



Substance Use Disorder Treatment Programs and Trauma Issues

- Counselors should routinely assess clients for histories of traumatic events and for the diagnosis of PTSD
- Counselors should ask both male and female clients about military experiences

Mental Health Providers, PTSD and Substance Use Disorders

- A history of combat and/or the presence of symptoms of PTSD may cause a co-occurring presence of substance use disorders to be overlooked.
- If clinicians don't inquire about the effects of a traumatic event, many patients will not discuss them

SAMHSA Priorities: Programs & Principles Matrix

Cross-Cutting Principles

Science to Services/Evidence-Based Practices

Data for Performance Measurement & Management

Collaboration with Public & Private Partners

Recovery/Reducing Stigma & Barriers to Services

Cultural Competency/ Eliminating Disparities

Community & Faith-Based Approaches

Trauma & Violence (e.g. Physical & Sexual Abuse)

Financing Strategies & Cost-Effectiveness

Rural & Other Specific Settings

Workforce Development

Programs/Issues

Co-Occurring Disorders

Substance Abuse Treatment Capacity

Seclusion & Restraint

Strategic Prevention Framework

Children & Families

Mental Health System Transformation

Disaster Readiness & Response

Homelessness

Older Adults

HIV/AIDS & Hepatitis

Criminal & Juvenile Justice

**A Life
In The
Community
For
Everyone**

**Building
Resilience &
Facilitating
Recovery**

“No Wrong Door” Policy

- Each provider should be aware that he/she has the responsibility to address the range of client needs...
- wherever a client presents for care
- whenever a client presents for care
- properly refer clients for appropriate care as needed
- follow-up on referrals to ensure clients received proper care

Mental Health Transformation: Our Federal Partners

- **Department of Agriculture (USDA)**
- **Department of Defense (DoD)**
- **Department of Education (ED)**
- **Department of Labor (DOL)**
- **Department of Veterans Affairs (VA)**

Mental Health Transformation: Our Federal Partners

- **Department of Housing and Urban Development (HUD)**
- **Department of Transportation (DOT)**
- **Department of Justice (DOJ)**
- **Social Security Administration (SSA)**

Mental Health Transformation: Our Federal Partners

- **Department of Health & Human Services (HHS)**
 - Administration on Aging (AoA)
 - Administration for Children and Families (ACF)
 - Agency for Healthcare Research and Quality (AHRQ)
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare & Medicaid Services (CMS)
 - Health Resources and Services Administration (HRSA)
 - Indian Health Service (IHS)
 - National Institutes of Health
 - Office of the Secretary

Partners for Recovery

- People in Recovery
- Substance Abuse Treatment Capacity
- Strategic Prevention Framework
- Mental Health System Transformation
- Primary healthcare
- Child welfare
- Military Treatment Network
- VA Treatment Network
- Criminal & Juvenile justice system
- Housing
- Education
- Business
- Labor
- Community & Faith-based organizations
- Veteran Service Organizations

Community Outreach

- Enlisting the vectors of values in a community to promote interventions and to facilitate Recovery
 - Community Based Organizations
 - Faith Based Organizations
 - Self Help Groups
 - Families
 - Employers/Business/Labor
 - Recovery Community/Peer Support
 - Law Enforcement
 - Child Welfare
 - DOD & VA Outreach Activities
 - National Guard Outreach Activities



Enhancing Services Through Technology

e-Therapy

- May prove useful for those veterans suffering from co-occurring disorders who are either geographically isolated from office based services or who are reluctant to access office based services for reasons of privacy.

The Internet as a Part of the Safety Net

- <http://www.seamlesstransition.va.gov/>
- <http://www.va.gov>
- <http://www.deploymentlink.osd.mil>
- <http://www.pdhealth.mil/>
- <http://www.sba.gov/vets/>
- <http://www.dol.gov/vets/>
- <http://www.nmcrrs.org/>
- <http://www.esgr.org/>
- <http://www.iraqwarveterans.org>
- <http://groups.msn.com/IraqWarVeterans>
- <http://www.helpingheal.org/>
- <http://militaryonesource.com>

More Websites

- <http://www.nasdva.com>
- <http://www.nacvso.org>
- <http://www.legion.org>
- <http://www.vfw.org>
- <http://www.amvets.org>
- <http://www.vva.org>
- <http://www.dav.org>
- <http://www.bva.org>



Iraq or Afghanistan

With the active cooperation of all of society, the road home for our veterans can be further improved.

Home

And, the journey home can be made easier.

SAMHSA Information

- www.samhsa.gov

Publications or information on funding opportunities

- Nat'l Clearinghouse for Alcohol & Drug Information (NCADI) – 800-729-6686 [TDD: 800-487-4889]
- Nat'l Mental Health Information Center:
800-789-2647 [TDD: 866-889-2647]

Help

- 800-662-HELP – Substance Abuse Referrals (average # of tx calls per mo.- 24,000)
- 800-suicide (784-2433) – Suicide Hotline